

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	100	↓	↓	↓		
TOTAL CLAIMS	104	↓	↓	↓		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS	104	↓	↓	↓		